

Attendant Care/Personal Assistance Services

Definition

Attendant Care/Personal Assistance Services (AC/PAS) are supports for personal care and activities of daily living specific to the assessed needs of a medically stable individual with physical and/or cognitive impairments. Supports may include direct care, hands-on assistance, direction and/or cueing, supervision, and nursing to the extent permitted by State law. Supports may be provided in the participant's home and/or in a variety of community settings as indicated in the Support Plan, but only when attendant care or personal assistance is not already available in such settings.

Housekeeping activities incidental to care or essential to the health and welfare of the participant, rather than the participant's family, may be provided as specified in the Support Plan. Supports provided during community access activities must directly relate to the participant's needs for care and/or supervision.

Transportation may be provided as a component of Attendant Care/Personal Assistance Services when necessary for provision of personal care or performance of daily living activities. Cost of incidental transportation is included in the rate paid to providers.

Service Unit

The service unit for Attendant Care/Personal Assistance Services is one (1) hour.

Refer to the current HASCI Waiver rate table for reimbursement amounts. *This can be accessed via the SCDDSN Application Portal >R2D2 >View Reports >Waiver >Service Rates >HASCI.*

Service Limit / Restrictions

As established in the approved HASCI Waiver Amendment effective 1/1/10, the limit for AC/PAS is revised from 8 hours per day to 49 hours per week, with no daily cap.

If a HASCI Waiver participant receives Medicaid Waiver Nursing (MWN) in addition to AC/PAS, the total hours for the combination of MWN and AC/PAS are limited to 10 hours per day or 70 hours per week. MWN limits apply (LPN: 60 hours per week; RN: 45 hours per week; combination LPN and RN: higher equivalent cost of 60 hours per week LPN or 45 hours per week RN).

The participant or representative may use authorized hours flexibly during the week to best blend with the availability of other resources and natural supports. Unused hours in a particular week do not transfer to later weeks.

For HASCI Waiver participants under age 21 years, Children's Personal Care Aide (PCA) Services is available through Medicaid State Plan. It must be authorized through SCDHHS Community Long Term Care. This benefit must be accessed to the full extent possible before it can be supplemented by HASCI Waiver AC/PAS.

For HASCI Waiver participants who receive Residential Habilitation, attendant care and personal assistance are components of Residential Habilitation and covered in the rate paid to the residential provider. AC/PAS cannot be separately authorized and billed.

Service Limit Exception

AC/PAS up to 10 hours per day or 70 hours per week may be approved for a time-limited period up to 90 days when there is documented special need circumstances such as medical condition(s) of the participant, illness/absence of other caregiver(s), family emergency, etc. Prior approval from the SCDDSN Head and Spinal Cord Injury (HASCI) Division is required for a service limit exception.

- Under this exception, if the participant also receives MWN, total hours for the combination of AC/PAS and MWN are limited up to 10 hours per day or 70 hours per week for a time-limited period up to 90 days. Current MWN limits apply (*LPN: 60 hours per week; RN: 45 hours per week; combination LPN and RN: higher equivalent cost of 60 hours per week LPN or 45 hours per week RN*).
- If a HASCI Waiver participant is under age 21 years, Children's PCA Services funded by Medicaid State Plan must be accessed to full extent possible prior to requesting AC/PAS. The frequency and amount of Children's PCA Services received or that is potentially available will be considered in the assessment to determine the frequency and amount of additional AC/PAS that will be authorized.

Supervision Requirements

Supervision of AC/PAS personnel must be provided by a nurse licensed to practice in the state. Frequency and intensity of supervision will be specified in the participant's Support Plan. Skilled nursing procedures performed by AC/PAS Personnel must be specifically delegated in writing by a Nurse licensed to practice in the state.

Self-Directed Attendant Care (UAP Option)

Supervision of attendants may be performed directly by the participant or a designated responsible party when the safety and efficacy of self-directed supervision is certified in writing by a Registered Nurse, or otherwise as provided in State law. Certification must follow direct observation of the participant or responsible party and each attendant during actual provision of care/assistance. Documentation of certification must be maintained in the participant's file. Certification for Self-Directed Attendant Care is performed by staff of the USC Center for Disability Resources (CDR) under contract with SCDDSN.

Providers

Attendant Care/Personal Assistance Services may be provided by any of the following:

- Agency or company directly enrolled with SCDHHS as an Attendant Care Services provider for HASCI Waiver participants
- DSN Board or other qualified provider contracted by SCDDSN

The DSN Board or qualified provider is responsible for ensuring that all AC/PAS personnel meet minimum qualifications. SCDDSN's "Home Supports Caregiver Certification" must be completed for all AC/PAS personnel. *This can be accessed via the SCDDSN Application Portal >Business Tools >Forms >HASCI Waiver.*

The DSN Board or qualified provider is responsible for ensuring that **supervision by a licensed nurse is provided for AC/PAS personnel and specific skilled nursing procedures are formally delegated by a licensed Registered Nurse.**

- Qualified individual (attendant) employed by a HASCI Waiver participant or responsible party who is approved for Self-Directed Attendant Care (UAP Option)

The HASCI Waiver participant (employer) is responsible to supervise the attendant. If the participant is not capable of self-direction, a designated responsible party may be the employer and supervise the attendant on behalf of the participant. The attendant cannot perform skilled nursing procedures under any circumstances.

Arranging and Authorizing the Service

When the Service Coordinator determines that a HASCI Waiver participant needs AC/PAS, an assessment must be conducted to identify the specific care/assistance required and the appropriate frequency and amount within the service limit. These must be appropriate to the person's age, medical conditions, and functional impairments.

- For a HASCI Waiver participant under 21 years old, Children's Personal Care Aide (PCA) Services through Medicaid State Plan must be accessed to full extent possible before it can be supplemented by HASCI Waiver AC/PAS. *Children's PCA Services funded by Medicaid State Plan, including frequency and amount, must be specified in participant's Support Plan.*

The frequency and amount of Children's PCA Services received or potentially available must be considered in the assessment to determine specific care/assistance required and the appropriate frequency and amount of AC/PAS that will supplement Children's PCA Services.

When the appropriate frequency, and amount of AC/PAS are determined, the participant or representative must be informed of and offered choice among types of AC/PAS (agency-provided or Self-Directed Attendant Care). If agency-provided AC/PAS is selected, choice of available providers must be offered. It must be clearly documented in Service Notes that these options and choices were offered and which were selected.

After the amount, type and frequency of AC/PAS are determined and one or more providers are chosen, the participant's Support Plan must be updated to clearly reflect the name of the service, the amount, frequency and duration of the service, and service provider type(s). Budget information for the service must then be entered into the Waiver Tracking System (WTS).

- AC/PAS to supplement Children's PCA Services must be approved by the HASCI Division prior to entering information into WTS. A request with justification must be submitted to the HASCI Division by fax or e-mail. Notification of approval or denial of the request by the HASCI Division will be made by fax or e-mail. Receipt of this notification must be documented in a Service Note and a copy of the fax or e-mail must be maintained in the participant's file.
- Request for a Service Limit Exception must be approved by the HASCI Division and entered in to WTS by SCDDSN Central Office staff. A request with justification must be submitted to the HASCI Division by fax or e-mail. Notification of approval or denial of the request by the HASCI Division will be made by fax or e-mail. Receipt of this notification must be documented in a Service Note and a copy of the fax or e-mail must be maintained in the participant's file.

To initiate the service following WTS processing, AC/PAS must be authorized to the provider(s) using the appropriate form(s). *These can be accessed via SCDDSN Application Portal >Business Tools >Forms >HASCI Waiver.*

- *Authorization for Attendant Care/Personal Assistance Services* billed to the South Carolina Department of Health and Human Services (HASCI Form 12J)
- *Authorization for Attendant Care/Personal Assistance Services* billed by a DSN Board or other qualified provider contracted by SCDDSN (HASCI Form 12J-1)
- *Authorization for Self-Directed Attendant Care Services* billed by the fiscal agent contracted by SCDDSN (HASCI Form 12AA)

If a participant receives skilled nursing procedures through AC/PAS, the participant's file must contain documentation that each skilled task performed by AC/PAS personnel was formally delegated by a Registered Nurse licensed to practice in the state. Delegation must be in writing and indicate the specific skilled tasks delegated to each AC/PAS personnel. If the participant changes AC/PAS providers or the delegating nurse changes, new nurse delegation documentation must be obtained and maintained in the participant's file.

Billing

If AC/PAS is provided by an agency or company enrolled with SCDHHS as an Attendant Care Services provider, the service must be directly billed to SCDHHS. This must be checked on HASCI Form 12J; a prior authorization number must be assigned.

If AC/PAS is provided by an individual who is employed or contracted by a DSN Board or other qualified provider contracted by SCDDSN, the service must be Board-billed to the participant's SCDDSN Financial Manager agency. This must be checked on HASCI Form 12J-1; no prior authorization number is required.

- The DSN Board or provider agency is responsible for maintaining documentation that service was rendered for each unit billed.
- The Financial Manager agency must follow *Procedures to Report and Bill for Board-Based Services Provided to HASCI Waiver Recipients* to receive reimbursement from SCDDSN. *This can be accessed via the SCDDSN Application Portal >Business Tools >Forms >Finance Manual Chapter 10, Section 10-14.*

If AC/PAS is provided through Self-Directed Attendant Care (UAP Option), it must be Board-billed through the fiscal agent contracted by SCDDSN (Jasper County DSN Board). It is authorized using HASCI Form 12AA; no prior authorization number is required.

Monitorship

The Service Coordinator must monitor provision of each HASCI Waiver service received by a participant to:

- verify the service is being provided as authorized,
- assure the usefulness and effectiveness of the service,
- determine the participant's and/or representative's satisfaction with the service and service provider(s), and
- confirm health status and safety of the participant.

Monitorship includes:

- Contact with the participant and/or representative within two (2) weeks after beginning the service or beginning with a new provider of the service
- Contact with the participant and/or representative at least every three (3) months
- Contact with service providers as necessary to confirm health status and safety of the participant and appropriate provision of authorized services

Monitoring of HASCI Waiver services may be accomplished by the Service Coordinator during required bi-monthly contacts with the participant/representative and face-to-face visits with the participant at least every 180 days to monitor his or her Support Plan and health status. These contacts and face-to-face visits must be documented in Service Notes.

Information obtained during monitoring may lead to changes in authorized HASCI Waiver services, such as increased/decreased units, change of provider, or change to a more appropriate service.

Service Denial, Reduction, Suspension, and Termination

If a HASCI Waiver participant is denied a service that was requested or denied an increase in units of a service already authorized, the Service Coordinator must provide written notification to the participant or legal guardian, including reason for denial. Information concerning SCDDSN Reconsideration and SCDHHS Appeal must also be provided. If a participant's authorized units of a HASCI Waiver service must be reduced, temporarily suspended, or indefinitely terminated, the Service Coordinator must provide written notification to the participant or legal guardian, including reason for the action. Information concerning SCDDSN Reconsideration and SCDHHS Appeal must also be provided.

Except when the action was requested by the participant or legal guardian or if the action is due to the participant's death, admission to a hospital or nursing facility, or loss of Medicaid and/or HASCI Waiver eligibility, there must be at least 10 calendar days between the date of notification and effective date of the action.

Written notification to the participant or legal guardian is made using the following forms, which are also used to notify each affected service provider of the action:

- *Notice of Denial of Service* (HASCI Form 11C)
- *Notice of Reduction of Service* (HASCI Form 11A)
- *Notice of Suspension of Service* (HASCI Form 11B)
- *Notice of Termination of Service* (HASCI Form 11)

These can be accessed via the SCDDSN Application Portal >Business Tools >Forms >HASCI Waiver.

When the action becomes effective, the participant's Support Plan must be updated and budget information in the Waiver Tracking System (WTS) must be adjusted accordingly. For service reduction or termination, excess or unused units must be deleted from the budget.